

**Division of Developmental Disabilities  
Request for Community Care Waiver Waiting List**

**All requests for addition to the Community Care Waiver Waiting list require the individual be Medicaid eligible.**

I am making this request for an [addition/change] to the Community Care Waiver Waiting List for:

\_\_\_\_\_  
(Clearly print individual's name)

\_\_\_\_\_  
Date of Birth

The individual above is eligible for Medicaid. Yes ☐ No ☐ Social Security #: \_\_\_\_\_

Applying as: (Check Only One)

- ☐ Myself (no appointed guardian or pending guardianship)
- ☐ Birth or Adoptive parent of the minor.
- ☐ Legal Guardian (person or agency appointed by a court)

Name: \_\_\_\_\_

Relation to individual: \_\_\_\_\_

Date of Court Appointment: \_\_\_\_\_

(Please provide copy of proof of Guardianship letter with request)

- ☐ Caregiver (an individual who is not a parent, spouse or child of an eligible person including but not limited to a sibling, grandparent, step family member, aunt, uncle, cousin, or legal guardian who, *without monetary payment*, cares for the eligible individual in his or her own home.)

Name: \_\_\_\_\_

Relation to individual: \_\_\_\_\_

- ☐ Division of Children & Families -- CSOC ☐ CP&P ☐

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

**MUST BE COMPLETED**

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Eligible Adult: \_\_\_\_\_

Date: \_\_\_\_\_

(no appointed guardian)

Print Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **Community Care Waiver Waiting List Criteria**

**Please check only one box below that applies to your request and provide the required request documentation.**

### **Priority Category**

- ☐ Both of the birth or adoptive parents are 55 years or older. In situations where both parents are alive, but only one is the primary caregiver, it is only required that the parent who has sole custody reach age 55 to have the option to have the individual placed on the Priority waiting list.

- Must provide copy of a document with proof of age of either the birth or adoptive parents who are 55 years or older.
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- ☐ The individual lives with a caregiver who is not the birth or adoptive parent, providing care voluntarily and without pay, who can no longer care for the individual.

- Provide written explanation of the current living situation and how the individual came under your care.
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- ☐ Either of the birth or adoptive parents is under age 55 and has a chronic and long-term physical or psychiatric and/or behavioral health condition(s) which significantly limits his or her ability to care for the individual with a developmental disability.

- Provide documentation from your treating physician.
  - Provide a written explanation of your current situation including a description of how your condition significantly limits your ability to provide care to the individual.
  - Note: This request may require a home visit from DDD case management.
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- ☐ Either of the birth or adoptive parents is under age 55 and there is a risk to the health or safety of the individual, parent or other individual living in the home due to the individual's behavior(s) presenting a risk to self or others which cannot be effectively managed by the parents even with generic or specialized support arranged or provided by the Division.

- Provide a written summary of the behaviors that present a risk and cannot be managed in the home.
  - Provide a list of outside resources or supports that have been utilized in the home in the past 6 months.
  - Note: This request may require a home visit from DDD case management.
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- ☐ Either of the birth or adoptive parents is under age 55 and there is a risk to the health or safety of the individual, parent or other individual living in the home due the physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the parent, even with generic or specialized supports arranged or provided by the Division.
    - Provide a written summary of the physical care or medical needs that cannot be managed in the home.
    - Provide a list of outside resources or supports that have been utilized in the home in the past 6 months.
    - Note: This request may require a home visit from DDD case management.
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- ☐ There is a single parent as the head of household who requires a minimum of 40 hours of specialized or generic supports from the Division, each month, in order to keep a full time job.
    - Provide a written summary of the current living situation that explains the risk to health or safety present in the home.
    - Provide a list of the specialized or generic supports provided by DDD in the home in the past 6 months.
    - Note: This request may require a home visit from DDD case management.
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- ☐ There is a single parent as the head of household who is the primary caregiver to more than one person with a disability and those persons have significant direct care needs (for example, feeding, bathing and/or toileting, etc.)
    - Provide a written summary of the current living situation that explains the risk to health or safety present in the home.
    - Note: This request may require a home visit from DDD case management.
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- ☐ The eligible individual was residentially placed by the Local Educational Authority (LEA):
    - Date of birth of individual: \_\_\_\_\_
    - Date of placement: \_\_\_\_\_
    - Name of Residential School: \_\_\_\_\_
    - Address of Residential School: \_\_\_\_\_  
\_\_\_\_\_
    - Name of funding School District: \_\_\_\_\_
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- ☐ The eligible individual was residentially placed by Division of Children & Families/Child Protection & Permanency:

- Date of birth of individual: \_\_\_\_\_
  - Date of placement: \_\_\_\_\_
  - Name of Residential School: \_\_\_\_\_
  - Address of Residential School: \_\_\_\_\_  
\_\_\_\_\_
  - Name of funding School District: \_\_\_\_\_
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**General Category**

- ☐ Requested by an individual or his or her legal guardian or caregiver, or if the individual does not meet the criteria for assignment to the Priority Waiting List.